



City of Greenville, South Carolina Local Hospitality Tax Reporting Form

Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

Hospitality Sales Tax Form for Month: _____

Business Name: _____ Physical Location: _____

Mailing Address: _____ Fed. ID or SS #: _____

City: _____ Contact Name: _____

State, Zip: _____ Contact Phone: _____ (Print)

Basis of Tax Remittance: (Please check one) _____ Monthly _____ Quarterly _____ Annually

Computation of Hospitality Tax

1. Gross Sales of Food and/or Beverages 1. \$ _____

2. Gross Sales: _____ X 2% (.02) 2. _____
From Line 1 (Hospitality Tax)

3. Late Fee per month if not paid by due date
_____ X 5% (.05) X _____ 3. _____
H Tax From Line 2 Number of months late (Late Fee)

4. Total Local Hospitality Tax Due to City of Greenville 4. \$ _____
(Line 2 + Line 3) (Total Due)

Important: Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid 30 days after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title _____ Date _____

Please Print Name & Title _____

Credit Card Payment

Authorization to charge (signature) _____

Amount to charge \$ _____ Authorization Form submitted ____ Yes ____ No

Please Note: Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.

For Office

_____ Partial Payment

License Number _____

Use Only

_____ Assess Late Fee

Postmark Date _____